

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL062014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 04/06/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKSTONE HAVEN OF STAR ASSISTED LI	STREET ADDRESS, CITY, STATE, ZIP CODE 327 FREEMAN STREET STAR, NC 27356
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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(C 000)	<p>Initial Comments</p> <p>Report of a Follow-Up Construction Survey by Ed Miller on April 6, 2016.</p> <p>The deficiencies noted during the Biennial Construction Survey have been corrected except for the item where an additional time wavier was granted.</p>	(C 000)		
(C 101)	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by: 2. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 ¼ inches thick and of solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on April 6, 2015:</p>	(C 101)		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*M. [Signature]* Maintenance

TITLE

DATE

4/27/16

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NAME OF PROVIDER OR SUPPLIER  <b>BROOKSTONE HAVEN OF STAR ASSISTED LI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>327 FREEMAN STREET STAR, NC 27356</b>		
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{C 101}	Continued From page 1  a. The Front Corridor's Bedroom doors where 1 3/8 inch thick and of hollow construction, b. The Main Electrical Room Door was 1 3/8 inch thick and of hollow construction, c. The Back Corridor's storage and supply closets were 1 3/8 inch thick and of hollow construction.	{C 101}  A, B, C	All door was ordered and will be ready for pick-up in 5 weeks we will need a week to install	5/26/16